

Registration District No. _____ Primary Registration District No. 1001

FILED NO. 12 1940

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Littler Nursing Home
(d) Length of stay: In hospital or institution 2 weeks
In this community 68 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 1010 Henry St.
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME George M. Flach
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct, day 1st
year 1940 hour 6 minute A, M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Kattie 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased December 27, 1871

21. I hereby certify that I attended the deceased from Oct 1st 1940 to _____ 19____;
that I last saw ~~the deceased~~ on _____ 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 9 4 4 hr. 30 min.

Immediate cause of death Mitral Insufficiency Duration _____

9. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Cooper

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business Armour and Company Packing

Major findings: Of operations _____

12. Name Nickolas FLACH

Physician _____
Underline the cause to which death should be charged statistically.
Of autopsy none

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Marie (Maiden name unknown)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Daughter (Mrs. Goldie Dillon)

(b) Address 415 Virginia, St. Joseph, Mo.

17. (a) Burial (b) Date thereof Oct. 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director John E. Ruff
(b) Address 6054 Pryor Ave.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

19. (a) 10/3/40 (b) S. Nestleburgh
(Date received local registrar) (Registrar's signature)

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature B.W. Tedlock (Specify type of place) _____
While at work? _____ (e) Means of injury _____
Address King Hill Bldg ST. JOSEPH Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

John E. Papp

Licensed Embalmer No. 3986

P. O. Address *St. Joseph, Missouri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.